

Center and the Naval Medical Center San Diego are collaborating in exciting new research developing “virtual reality” exposure treatment for combat PTSD. This project uses sophisticated computer simulation to provide both visual and auditory combat “exposure” during therapy, heightening the realism of PTSD triggers, and thus, hopefully, enhancing the effectiveness of exposure therapy.

Also critical is prevention and early intervention. Research consistently shows that support which helps people cope immediately after traumatic events, and which “normalizes” the anxiety, fear, and anger experienced, may significantly reduce the development of long lasting PTSD symptoms. Even without mental health intervention, social support and encouragement can be extremely effective, such as in combat teams “supporting their own” with high morale and cohesiveness. Examples of professional intervention efforts include counseling teams deployed to schools after school shootings and military mental health/combat stress teams deployed with combat forces. Combat stress teams, pioneered

by the Israeli armed forces, operate in as close proximity as possible to combat forces in order to support the effectiveness of combat unit cohesion. These teams strive to provide brief preventive treatment for personnel with combat stress reactions before full blown PTSD can develop. Navy Medicine now routinely deploys these teams with Marine Corps forces in the Middle East. Additionally, the post-deployment screening process for U.S. military personnel returning from theater includes screening questions for combat stress and PTSD, with resulting early referrals for personnel showing indications of combat stress or PTSD.

All of us in the Navy Reserve can help our shipmates in combat or post-deployment by being aware of PTSD symptoms and the availability of effective treatment. Many combat veterans delay seeking help because of a fear of being perceived as “weak.” We can help overcome this by recognizing PTSD as an illness rather than a weakness and by providing encouragement for seeking early help.

References:

- American Psychiatric Association (2000). *Diagnostic and Statistical Manual of Mental disorders* (4th Edition, text revision). Washington, DC: Author.
- Ballenger, J.C., et al. (2000). “Consensus Statement on Posttraumatic Stress Disorder from the International Consensus Group on Depression and Anxiety.” *Journal of Clinical Psychiatry*, 61 Suppl 5, 60-66.
- Foa, E. B., Meadows, E.A. (1997). “Psychosocial Treatments for Posttraumatic Stress Disorder: A Critical Review.” *Annual Review of Psychology*, 48, 449-480.
- Van Etten, M.L., Taylor, S. (1998). “Comparative Efficacy of Treatments for Posttraumatic Stress Disorder: A Meta-Analysis.” *Clinical Psychology and Psychotherapy*, 5, 144-154.

(Our guest author this month is CAPT David Mather, a clinical psychologist on the staff of Naval Medical Center San Diego. David currently serves as Director of Health Services, REDCOM Northwest, and is a former CO of the NR NMC SD unit.)